

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
03-24

2. STATE:
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR §440.100

7. FEDERAL BUDGET IMPACT:
a. FFY '04 (\$793)
b. FFY '05 (\$840)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 40-40c, 47
Att. 3.1-B, pp. 39-39c, 46

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Att. 3.1-A, pp. 40-40e, 47
Att. 3.1-B, pp. 39-39e, 46

10. SUBJECT OF AMENDMENT:

Services: Dental and Dentures

11. GOVERNOR'S REVIEW (*Check One*):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

// Mary B. Kennedy - signature //

16. RETURN TO:

Stephanie Schwartz
Federal Relations Unit
Minnesota Department of Human Services
444 Lafayette Road No.
St. Paul, MN 55155-3852

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED: September 25, 2003

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 25, 2003

18. DATE APPROVED
12/19/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

REGIONAL ADMINISTRATOR
Division of Medicaid and Children's Health

23. REMARKS:

SEP 25 2003

DMCH - MI/MN/WI

10. Dental services.

Services and procedures requiring prior authorization are published in the *State Register*. _____

A. Coverage of dental services is limited to medically necessary services within the scope of practice of a dentist, with examples listed below.

- Oral hygiene instruction
- Reline or rebase of a removable denture
- Fluoride treatment
- Full mouth or panoramic x-ray
- Full mouth debridement
- Fillings
- Oral evaluation
- Prophylaxis
- Bitewing series
- Palliative treatment
- Sealant application
- Removable partial and full dentures
- Root canal treatment
- Inpatient hospitalization for dental services, subject to utilization review procedures
- Surgical services and extractions
- _____ • Periodontal scaling and root planning, if:
 - a) evidence of bone loss must be present on current radiographs to support the diagnosis of periodontis;

b) there is a current periodontal charting with six point and mobility noted, including the presence of pathology and periodontal prognosis;

10. Dental services. (continued)

- c) the pocket depths must be greater than four millimeters; and
- d) classification of the periodontology case type is in accordance with documentation established by the American Academy of Periodontology.
- Orthodontic treatment, if:
 - a) there is a disfigurement of the patient's face, including protrusion of upper or lower jaws or teeth;
 - b) there is spacing between adjacent teeth that interferes with the biting function;
 - c) there is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when the person bites;
 - d) positioning of jaws or teeth impairs chewing or biting function; or
 - e) based on a comparable assessment of a) through d), there is an overall orthodontic problem that interferes with the biting function.
- Space maintainers
- Crowns, if made of prefabricated stainless steel, prefabricated resin, or laboratory resin. An exception applies for a crown fitted in conjunction with a fixed bridge or a dental implant.
- Dental implants, if:
 - a) there is bone and tooth loss that compromises chewing or breathing; and
 - b) a complete treatment plan, including prosthesis and all related services, is approved before the start of treatment.
- Removal of impacted teeth
- Fixed bridges

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: October 1, 2003

Page 40b

TN: 03-24

Approved:

Supersedes: 02-15

10. Dental services. (continued)

- Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every three years per recipient, unless the prosthesis:

- a) was misplaced, stolen, or damaged due to circumstances beyond the recipient's control; or
- b) cannot be modified or altered to meet the recipient's dental needs.

A cast metal removable prosthesis is covered if:

- a) the crown to root ratio is better than 1:1;
- b) the surrounding abutment teeth and the remaining teeth do not have extensive tooth decay; and
- c) the abutment teeth do not have large restorations or stainless steel crowns.

B. Coverage of dental services for adults age 21 and over who are not pregnant is subject to a \$500 annual benefit limit, except for:

- emergency services;
- dentures (fixed and removable), and extractions related to dentures;
- facility fees such as those submitted by a hospital or a freestanding ambulatory surgical center;
- ancillary services such as anesthesia; and
- medical or surgical services performed by dentists.

10. Dental services. (continued)

C. The following dental services are not eligible for payment:

- Pulp caps
- Local anesthetic that is used in conjunction with a surgical procedure and billed as a separate procedure
- Hygiene aids, including toothbrushes
- Medication dispensed by a dentist that a recipient is able to obtain from a pharmacy
- Acid etch for a restoration that is billed as a separate procedure
- Prosthesis cleaning
- Removable unilateral partial denture that is a one-piece cast metal including clasps and teeth
- Replacement of a denture when a reline or rebase would correct the problem
- Duplicate x-rays;
- Fixed partial denture or fixed bridge, unless it is medically necessary and cost-effective for a recipient who cannot use a removable prostheses
- Gold restoration, ~~or~~ inlay or onlay, including cast nonprecious and semiprecious metals
- Dental services for cosmetic or aesthetic purposes

G D. Critical access dental providers receive an increased payment pursuant to Attachment 4.19-B, item 10. There are two types of critical access dental providers:

- 1) those whose combined claim and estimated encounter claim payments for all Minnesota Health Care Programs (Medical Assistance, General Assistance Medical Care and MinnesotaCare) were at least \$50,000 for service dates of April 1, 2000 through March 31, 2001; or
- 2) those providing dental services in counties for which dental services are carved out of managed care and are paid fee-for-service. These providers must increase the number of recipient visits by at least 10 percent over the last three-month quarter for which complete data on the number of recipient visits exists.

STATE: MINNESOTA

Effective: October 1, 2003

TN: 03-24

Approved:

Supersedes: 02-15

ATTACHMENT 3.1-A

Page 47

12.b. Dentures.

- Initial placement or replacement of removable dentures is limited to one time every three years for a recipient unless the dentures are misplaced, stolen or damaged due to circumstances beyond the recipient's control, or the dentures cannot be modified or altered to meet the client's dental needs.
- Replacement of dentures less than three years old requires prior authorization.
- The payment rate for dentures includes instruction for the use and care of the dentures and any adjustment necessary during the first six months immediately following the provision of the dentures.
- Dentures are not subject to the \$500 annual benefit limit, as noted in item 10, Dental services.

10. Dental services.

Services and procedures requiring prior authorization are published in the *State Register*.

A. Coverage of dental services is limited to medically necessary services within the scope of practice of a dentist, with examples listed below.

- Oral hygiene instruction
- Reline or rebase of a removable denture
- Fluoride treatment
- Full mouth or panoramic x-ray
- Full mouth debridement
- Fillings
- Oral evaluation
- Prophylaxis
- Bitewing series
- Palliative treatment
- Sealant application
- Removable partial and full dentures
- Root canal treatment
- Inpatient hospitalization for dental services, subject to utilization review procedures
- Surgical services and extractions
- Periodontal scaling and root planning, if:
 - a) evidence of bone loss must be present on current

radiographs to support the diagnosis of periodontis;

- b) there is a current periodontal charting with six point and mobility noted, including the presence of pathology and periodontal prognosis;

10. Dental services. (continued)

- c) the pocket depths must be greater than four millimeters; and
- d) classification of the periodontology case type is in accordance with documentation established by the American Academy of Periodontology.
- Orthodontic treatment, if:
 - a) there is a disfigurement of the patient's face, including protrusion of upper or lower jaws or teeth;
 - b) there is spacing between adjacent teeth that interferes with the biting function;
 - c) there is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when the person bites;
 - d) positioning of jaws or teeth impairs chewing or biting function; or
 - e) based on a comparable assessment of a) through d), there is an overall orthodontic problem that interferes with the biting function.
- Space maintainers
- Crowns, if made of prefabricated stainless steel, prefabricated resin, or laboratory resin. An exception applies for a crown fitted in conjunction with a fixed bridge or a dental implant.
- Dental implants, if:
 - a) there is bone and tooth loss that compromises chewing or breathing; and
 - b) a complete treatment plan, including prosthesis and all related services, is approved before the start of treatment.
- Removal of impacted teeth
- Fixed bridges

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: October 1, 2003

Page 39b

TN: 03-24

Approved: DEC 0 9 2003

Supersedes: 02-15

10. Dental services. (continued)

- Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every three years per recipient, unless the prosthesis:

- a) was misplaced, stolen, or damaged due to circumstances beyond the recipient's control; or
- b) cannot be modified or altered to meet the recipient's dental needs.

A cast metal removable prosthesis is covered if:

- a) the crown to root ratio is better than 1:1;
- b) the surrounding abutment teeth and the remaining teeth do not have extensive tooth decay; and
- c) the abutment teeth do not have large restorations or stainless steel crowns.

B. Coverage of dental services for adults age 21 and over who are not pregnant is subject to a \$500 annual benefit limit, except for:

- emergency services;
- dentures (fixed and removable), and extractions related to dentures;
- facility fees such as those submitted by a hospital or a freestanding ambulatory surgical center;
- ancillary services such as anesthesia; and
- medical or surgical services performed by dentists.

10. Dental services. (continued)

C. The following dental services are not eligible for payment:

- Pulp caps
- Local anesthetic that is used in conjunction with a surgical procedure and billed as a separate procedure
- Hygiene aids, including toothbrushes
- Medication dispensed by a dentist that a recipient is able to obtain from a pharmacy
- Acid etch for a restoration that is billed as a separate procedure
- Prosthesis cleaning
- Removable unilateral partial denture that is a one-piece cast metal including clasps and teeth
- Replacement of a denture when a reline or rebase would correct the problem
- Duplicate x-rays;
- Fixed partial denture or fixed bridge, unless it is medically necessary and cost-effective for a recipient who cannot use a removable prostheses
- Gold restoration, ~~or~~ inlay or onlay, including cast nonprecious and semiprecious metals
- Dental services for cosmetic or aesthetic purposes

E D. Critical access dental providers receive an increased payment pursuant to Attachment 4.19-B, item 10. There are two types of critical access dental providers:

- 1) those whose combined claim and estimated encounter claim payments for all Minnesota Health Care Programs (Medical Assistance, General Assistance Medical Care and MinnesotaCare) were at least \$50,000 for service dates of April 1, 2000 through March 31, 2001; or
- 2) those providing dental services in counties for which dental services are carved out of managed care and are paid fee-for-service. These providers must increase the number of recipient visits by at least 10 percent over the last three-month quarter for which complete data on the number of recipient visits exists.

STATE: MINNESOTA

Effective: October 1, 2003

TN: 03-24

Approved: DEC 09 2003

Supersedes: 02-15

ATTACHMENT 3.1-B

Page 46

12.b. Dentures.

- Initial placement or replacement of removable dentures is limited to one time every three years for a recipient unless the dentures are misplaced, stolen or damaged due to circumstances beyond the recipient's control, or the dentures cannot be modified or altered to meet the client's dental needs.
- Replacement of dentures less than three years old requires prior authorization.
- The payment rate for dentures includes instruction for the use and care of the dentures and any adjustment necessary during the first six months immediately following the provision of the dentures.
- Dentures are not subject to the \$500 annual benefit limit, as noted in item 10, Dental services.